

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. <i>4444</i>	FILING DATE
APPLICANT(S)	

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2		/	/	/			52						
3		/	/	/			53						
4		(1)	/	/			54						
5		(1)	/	/			55						
6		(1)	/	/			56						
7		(1)	/	/			57						
8		(1)	/	/			58						
9		(1)	/	/			59						
10	/		/				60						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		2					TOTAL IND.						
TOTAL DEP.		8					TOTAL DEP.						
TOTAL CLAIMS		10					TOTAL CLAIMS						

BEST AVAILABLE COPY